

THIS SPACE FOR OFFICE USE ONLY



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last) Witt	(First) Robert	(Middle) M.	TELEPHONE 808.973.1535
MAILING ADDRESS (Street) 1487 Hiikala PLACE #44			FAX 808.973.1545
(City) Honolulu	(State) HI	(Zip Code) 96816	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) HAWAII ASSOCIATION OF INDEPENDENT SCHOOLS			TELEPHONE 808.973.1540
MAILING ADDRESS (Street) 1585 Kapiolani Boulevard, Suite 1212			FAX 808.973.1545
(City) Honolulu	(State) HI	(Zip Code) 96814	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Association of Independent Schools			TELEPHONE 808.973.1540
MAILING ADDRESS (Street) 1585 Kapiolani Boulevard, Suite 1212			FAX 808.973.1545
(City) Honolulu	(State) HI	(Zip Code) 96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Roberta Bishop			TELEPHONE 808.973.1532
MAILING ADDRESS (Street) 1585 Kapiolani Boulevard, Suite 1212			FAX 808.973.1545
(City) Honolulu	(State) HI	(Zip Code) 96814	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

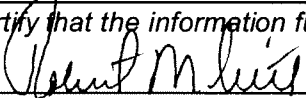
Health

Planning, Land & Water
Use ManagementOther: (indicate below)

_____Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

31 January 2007

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Robert Witt

Executive Director

NAME OF ORGANIZATION (if applicable)

Hawaii Association of Independent Schools

TELEPHONE

808.973.1533

MAILING ADDRESS (Street)

1585 Kapiolani Boulevard, Suite 1212

FAX

808.973.1545

(City)

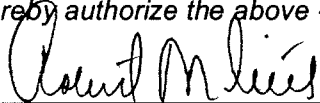
Honolulu

(State)

HI

(Zip Code)

96814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

31 January 2007

(Date)